

COMMONWEALTH OF KENTUCKY
NATURAL RESOURCES AND ENVIRONMENTAL
PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KY 40601

SURETY BOND

Application Number: _____
Permit Number: _____
Permittee: _____
Permittee Address: _____

KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned, _____, as Surety for the Principal, _____, is held and firmly bound unto the Natural Resources and Environmental Protection Cabinet in the penal sum of _____ dollars (\$_____) by the submission of this surety bond. The penal sum is to assure the proper closure, closure care, and corrective action (if required) in accordance with the permit issued to _____ for the site located at _____, and all applicable laws, rules, and regulations. Furthermore, it is understood that the obligation under this surety bond extends to environmental degradation occurring off the permitted area but proximately resulting from the construction, operation, or closure of the solid waste site or facility.

If the Principal faithfully performs all the requirements of the above designated application, the permit issued pursuant thereto, the applicable laws, rules, and regulations, and the terms of the attached performance bond*, then this obligation shall be released; otherwise, it is agreed that the undersigned, _____, as Surety, shall pay said penal sum to the Commonwealth of Kentucky, Natural Resources and Environmental Protection Cabinet, upon receipt of an Order of the Cabinet.

Surety: _____
Surety Address: _____

Local Agency Issuing Bond: _____
Local Agency Address: _____

By: _____
Official Position: _____
Signature: _____
Date: _____

Subscribed and sworn to before me by _____ this
the _____ day of _____, 19____.

Notary Public, State-at-Large

My commission expires the _____ day of _____, 19____.

NOTE: The person who signs for a surety company shall file with the bond a copy of the Power of Attorney showing authority to sign. All bonds executed by an out-of-state bonding agent shall be countersigned by a resident Kentucky agent.

COUNTERSIGNED BY: _____
AGENT FOR: _____
ADDRESS: _____

*A copy of the corresponding performance bond for closure and closure care, or closure only, or closure care and corrective action (if required), must be attached to this form.

INSTRUCTIONS:

The Surety Bond may be executed as written or may be modified to written for closure only, or for closure care and corrective action (if required) only as allowed under 401 KAR 48:310, Section 19. [The corrective action (if required) language must accompany all closure care surety bonds.] The closure only surety bond shall be written by deleting the words "closure care, and corrective action (if required)" in the second full sentence on page 1. The closure care only surety bond shall be written by deleting the words "the proper closure," from the same sentence on page 1. The form may be retyped or these words may be struck through and initialed by the principal and a representative of the Cabinet. All other terms must remain the same.

This page contains instructions only and may be removed prior to submitting completed surety bond to the Cabinet.